

# 2006 Georgia Preferred Drug List For the State Health Benefit Plan

## A

ABILITY (excluding solution)  
ACCU-CHEK ACTIVE KIT  
ACCU-CHEK ACTIVE test strips [QLL]  
ACCU-CHEK ADVANTAGE test strips [QLL]  
ACCU-CHEK ÁVIVA KIT  
ACCU-CHEK ÁVIVA test strips [QLL]  
ACCU-CHEK COMFORT CURVE test strips [QLL]  
ACCU-CHEK COMPACT  
ACCU-CHEK COMPLETE KIT  
acetaminophen w/codeine  
acetazolamide  
acetylcysteine  
ACTONEL, with calcium [QLL]  
ACTOPLUS MET  
ACTOS [QLL]  
acyclovir  
ADDERALL XR\* [PA] (note: PA age >21)  
ADVAIR DISKUS [QLL]  
ADVICOR  
albuterol [QLL]  
ALLEGRA-D\* (excluding 24 hours) [QLL]  
ALORA [QLL]  
ALPHAGAN P  
aluminum chloride  
amantadine  
AMBIEN (excluding CR) [QLL]  
aminophylline  
amitriptyline  
ammonium lactate  
amox tr/potassium clavulanate  
amoxicillate  
ANALPRAM-HC\* (1% cream, 2.5% lotion)  
ANDRODERM [PA] [QLL]  
ANDROGEL [PA] [QLL]  
antipyrine w/benzocaine  
apri  
aranelle  
ARANESP [INJ] [PA] [QLL]

ARICEPT  
ASACOL  
ASCENSIA AUTODISC  
ASCENSIA BREEZE  
ASCENSIA CONTOUR SYSTEM  
ASCENSIA DEX2  
ASCENSIA ELITE, XL  
ASCENSIA MICROFILL  
ASTELIN [QLL]  
atenolol, -chlorthalidone  
ATROVENT inh, HFA [QLL]  
AVANDAMET  
AVANDIA [QLL]  
AVELOX  
aviane  
AVODART  
azathioprine  
azithromycin

## B

benazepril, /hctz  
BENICAR, HCT [PDMP]  
benzonatate  
benzoyl peroxide  
betamethasone  
BETASERON [INJ] [QLL]  
bisoprolol fumarate/hctz  
brimonidine tartrate  
bupropion, sr  
butalbital/apap/caffeine  
BYETTA [INJ] [QLL]

## C

camila  
CANASA  
captopril, /hctz  
carbamazepine  
carisoprodol  
cefadroxil  
cefpodoxime  
cefuroxime  
CELEBREX [PDMP] [QLL]  
CELLCEPT  
cephalexin  
cesia  
CHEMSTRIP bG  
chloral hydrate  
chlorzoxazone  
cholestyramine  
choline mag trisalicylate  
ciclopirox  
cilostazol  
cimetidine  
CIPRO HC  
CIPRODEX  
ciprofloxacin  
citalopram

clarithromycin  
CLIMARA PRO [QLL]  
clindamycin phosphate  
clobetasol propionate  
clonidine hcl  
clotrimazole/  
betamethasone  
clotrimazole troche  
clozapine  
COMBIVENT [QLL]  
CONCERTA\*  
COREG  
CREON [G]  
CRESTOR [PDMP]  
cromolyn sodium [QLL]  
cryselle  
cyclobenzaprine hcl  
cyclosporine, modified  
CYMBALTA [PDMP] [SNRI]

## D

DEPAKOTE  
desmopressin acetate  
desonide  
desoximetasone  
dextroamphetamine sulfate [PA]  
(note: PA age >21)  
diclofenac sodium  
dicyclomine hcl  
diflunisal  
diltiazem,  
extended release  
DIOVAN, HCT [PDMP]  
diphenhydramine  
dipyridamole  
DITROPAN XL\*  
doxepin hcl

## E

EFFEXOR, XR [PDMP] [SNRI]  
enalapril, hctz  
enpresse  
EPIPEN, JR [INJ]  
errin  
erythromycin  
erythromycin/  
benzoyl perox.  
estradiol, tds [QLL]  
estropipate  
etodolac  
EXELON

## F

famotidine  
felodipine er

fentanyl citrate [QLL]  
fexofenadine [QLL]  
FINACEA  
finasteride  
FLOMAX  
FLOVENT, HFA [QLL]  
fluconazole [PA] [QLL]  
fluocinonide  
fluorouracil  
fluoxetine hcl  
fluticasone  
nasal spray [QLL]  
fluticasone propionate  
fluvoxamine maleate  
folic acid  
FORADIL [QLL]  
FORTEO [INJ] [PA]  
FOSAMAX, PLUS D [QLL]  
fosinopril, /hctz

## G

gabapentin  
gemfibrozil  
gentamicin sulfate  
glimepiride  
glipizide, er, xl  
glipizide/metformin  
GLUCOMETER DEX  
GLUCOMETER ELITE  
GLUCOMETER ENCORE  
glyburide, micronized  
glyburide/metformin  
guaifenesin  
w/pseudoephedrine

## H

haloperidol  
homatropine  
hydrobromide  
HUMALOG vials only [INJ]  
HUMIRA  
HUMULIN vials only [INJ]  
hydrochlorothiazide  
hydrocodone  
w/guaifenesin  
hydrocodone/  
acetaminophen  
hydrocortisone  
hydroxyurea  
hyoscymine sulfate

## I

ibuprofen  
imipramine  
IMITREX [QLL]  
indomethacin  
INNOPRAN XL

INTAL inh [QLL]  
ipratropium  
bromide [QLL]  
isotretinoin  
itraconazole [PA] [QLL]

## J

jolivet  
junel, fe

## K

kariva  
kelnor  
ketoconazole

## L

labetalol hcl  
lactulose  
lamotrigine  
LANTUS vials only [INJ]  
leena  
lessina  
leucovorin  
leuprolide acetate [INJ]  
LEVEMIR vials only [INJ]  
levora  
levthyroxine sodium  
LEVOXYL  
LEXAPRO [PDMP]  
LIPITOR [PDMP]  
lisinopril, /hctz  
LOTREL [PDMP]  
lovastatin  
low-ogestrel  
LUMIGAN  
lutea

## M

meclizine hcl  
medroxyprogesterone  
acetate  
megestrol  
MENEST  
mercaptopurine  
METADATE CD/ER\*  
metaproterenol [QLL]  
metformin, er  
methocarbamol  
methotrexate  
methylphenidate hcl  
methylprednisolone  
metoclopramide hcl  
metolazone  
metoprolol, hctz  
metronidazole cream  
microgestin, fe  
mirtazapine, soltab

mometasone  
mononessa  
morphine sulfate

## N

nabumetone  
naproxen  
NASONEX [QLL]  
necon  
neomycin/polymyxin/  
dexamethasone  
neomycin/polymyxin/hc  
NIASPAN\*  
nifedipine er  
nitrofurantoin  
macrocrystal  
nizatidine  
nora-be  
nortrel  
NORVASC [PDMP]  
NOVOFINE 30  
NOVOLIN vials only [INJ]  
NOVOLOG vials only [INJ]  
nystatin  
nystatin w/triamcinolone

## O

ofloxacin  
ogestrel  
OMACOR  
omeprazole [PA] [QLL]  
OMNICEF  
orphenadrine citrate  
ORTHO EVRA [QLL]  
ORTHO TRI-CYCLEN LO  
oxybutynin chloride  
oxycodone hcl [PA] [QLL]  
oxycodone  
w/acetaminophen

## P

paroxetine  
peg 3350/electrolyte  
PEGASYS [INJ] [QLL]  
penicillin v potassium  
PENTASA  
perphenazine  
phenytoin sodium,  
extended  
PHOSLO  
pilocarpine hcl  
PLAVIX [QLL]  
polymyxin b sul/  
trimethoprim  
portia  
potassium citrate/  
citric acid  
PRANDIN

(continued)

The following is a list of the most commonly prescribed drugs. It represents an abbreviated version of the preferred drug list that is at the core of your prescription-drug benefit plan. The list is not all-inclusive and does not guarantee coverage. In addition to using this list, you are encouraged to ask your doctor to prescribe generic drugs whenever appropriate.

**PLEASE NOTE:** The symbol \* next to a drug signifies that it is subject to nonpreferred status when a generic is available throughout the year. For prior authorization (PA) inquiries or questions regarding the preferred status of drugs not listed on this document, please contact Express Scripts, Inc. at 1-877-650-9340.

